

**For office use**

Date of admission: \_\_\_\_\_

Age at admission: \_\_\_\_\_

**2015 - 2016 BEDFORD RECREATION KIDS' CLUB****SCHOOL AGE CARE  
CHILD ENROLLMENT FORM****1  
of 5**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**IDENTIFYING INFORMATION**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Identifying marks: \_\_\_\_\_

**PARENT WORK INFORMATION**

Parent/Guardian #1: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_

Business Address: Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_

Business Address: Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SCHOOL CHILD WILL ATTEND IN 2015-2016:** \_\_\_\_\_

School Address: Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements is on file at my child's school. (NOTE: If not on file at child's school, you must provide documentation of a physical, immunization record, and lead poisoning screening dated within the last year.)



Parent/Guardian Signature

Date

**BEDFORD RECREATION KIDS' CLUB**  
**FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM**  
**102 CMR 7.09 (3)**

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**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I authorize Bedford Recreation KIDS' CLUB personnel who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Program to have my child transported to the nearest medical care facility and/or to \_\_\_\_\_ and to secure necessary medical treatment for my child. I also hereby authorize the performance of medical, minor surgical or diagnostic procedures, including the administration of local anesthesia, which may be deemed necessary or advisable by the attending physician or surgeon in the diagnosis and emergency treatment of my son or daughter in the event that I cannot be reached for direct authorization of treatment.

**MEDICAL INFORMATION**

Health Insurance Coverage: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_ Child's Dentist: \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medication taken regularly/Reason: \_\_\_\_\_

Child's allergies: \_\_\_\_\_

Chronic Health Conditions\*: \_\_\_\_\_

***\*Required at time of enrollment: Parental submission of Individual Health Plan, outlined and signed by child's physician, detailing implementation for caretakers and specifying duration of treatment.***

**CONTACT INFORMATION**

**People listed below will not be considered authorized pick up people in a non-emergency, unless also listed on Form 3.**

Parent/Guardian 1: \_\_\_\_\_ Parent/Guardian 2: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Pager: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

**Emergency Contacts (will be contacted if KIDS' CLUB cannot reach a parent/guardian)**

1.) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
2.) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
3.) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**BEDFORD RECREATION KIDS' CLUB**  
**TRANSPORTATION PLAN AND AUTHORIZATION**  
**[7.09(3) AND 7.12(1)]**

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**Child's Name:** \_\_\_\_\_

Note: Bedford Public Schools provide the transportation to and from KIDS' CLUB for our Before School and After School programs. KIDS' CLUB is NOT responsible for children until they arrive at KIDS' CLUB.

My child will <b>arrive</b> at the program by: (check all that apply)	My child will <b>depart</b> from the program by: (check all that apply)
<input type="checkbox"/> Unsupervised Walk (grades 4-6 only)	<input type="checkbox"/> Authorized Person Pick-up
<input type="checkbox"/> Bus Drop Off	<input type="checkbox"/> Unsupervised Walk (grades 4-6 only. A parent phone call or written notice required each time before child leaves program)
<input type="checkbox"/> Parent Drop Off	
<input type="checkbox"/> Other - Describe: _____	

The person signing this form is an authorized pick up person. All other people who you wish to be allowed to pick up your child must be listed – this includes the parent not signing this form.

**KIDS' CLUB will not release your child to someone who is not listed on this form.**

If no one is authorized aside from the person signing this form, write in "NO ONE," below. In the event of a divorce, separation, or other custody situations, KIDS' CLUB may require documentation as to who has legal custody while your child is at KIDS' CLUB.

1) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I give permission for my child to be released from the program at the end of the day as stated above and/or I give permission to the above people to receive my child at the end of the day:

➤ \_\_\_\_\_  
**Print Parent/Guardian Name**                      **Signature**                      **Date**

**BEDFORD RECREATION KIDS' CLUB  
OFF-SITE ACTIVITIES PERMISSION FORM  
SECTION 102 CMR 7.34 (5) (c)  
ADDITIONAL PERMISSIONS & RELEASES,  
PARENT HANDBOOK AGREEMENT**

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**Child's Name:** \_\_\_\_\_

**OFF SITE ACTIVITIES PERMISSION**

KIDS' CLUB may take children off the Town Center premises for unscheduled fieldtrips. Possible Bedford destinations include: the Public Library, Bedford Public Schools, the Fire Department, the Police Station, Bedford Farms, Bedford Town Common and adjacent areas. Bedford Charter or Bedford Local Transit will provide transportation when needed. All other trips will be posted at KIDS' CLUB in advance.

I give permission for my child to take part in field trips during the 2015-2016 registration period. ☐ Yes ☐ No

**PUBLICITY/PHOTO RELEASE**

I give permission for my child to be photographed or mentioned in one of the local newspapers should they feature articles involving KIDS' CLUB. ☐ Yes ☐ No

KIDS' CLUB often posts pictures of children participating in activities or posing with a project that they have created. I give permission for my child's photo to be posted at KIDS' CLUB. ☐ Yes ☐ No

**SUNSCREEN/INSECT REPELLENT PERMISSION**

I give permission for my child to self-apply sunscreen/insect repellent that I have provided. KIDS' CLUB staff will supervise children during this process. ☐ Yes ☐ No

(Note: please label sunscreen/insect repellent with child's first and last name and grade.)

**INFORMATION RELEASE**

Families sometimes ask for addresses and phone numbers of other KIDS' CLUB members when they try to set up play dates, birthday parties, and other social occasions. Due to confidentiality regulations, we cannot give out this information without permission. I give permission for KIDS' CLUB to release my home phone number and address for the above mentioned cases. ☐ Yes ☐ No

**PARENT HANDBOOK & FEE SCHEDULE AND POLICIES AGREEMENT**

The KIDS' CLUB Parent Handbook is a valid part of the enrollment agreement between the Program and the parents/guardians of the children who are enrolled in the Program. The information contained in this handbook explains KIDS' CLUB's policies and procedures. The Fee Schedule and Policies lists KIDS' CLUB's rates and billing procedures.

➤ \_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**BEDFORD RECREATION KIDS' CLUB  
ADDITIONAL INFORMATION FORM**

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**Child's Name:** \_\_\_\_\_

Please answer the questions below in order for us to better serve your child and you. Thank you.

1.) Does your child have any special limitations that KIDS' CLUB should be aware of? Please describe below.

2.) Is there any other information you would like us to know?

3.) If this is your child's first year attending Kids' Club, how did you learn of this program?